

**General VPDES Permit for Discharges from Petroleum Contaminated
Sites, Groundwater Remediation, and Hydrostatic Tests
TERMINATION OF COVERAGE REQUEST**

Date: _____

Attn: _____
(fill in name of Regional Case Manager, Storage Tank Program)

Permit #: VAG83_____

Site Name: _____
(please match facility name listed on the Registration Statement)

Please denote your termination of coverage request by placing an "x" in front of either request 1 or 2 below (do not place an "x" in front of both requests).

1. _____ I hereby request termination of coverage under the General VPDES Permit for Discharges from Petroleum Contaminated Sites, Groundwater Remediation, and Hydrostatic Tests for the facility listed above.
2. _____ I hereby request termination of coverage under the General VPDES Permit for Discharges from Petroleum Contaminated Sites, Groundwater Remediation, and Hydrostatic Tests for the outfalls listed below:

Outfall Number	Outfall Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature: _____ Date: _____

Print Name: _____

Title: _____

FOR DEQ USE ONLY

Termination request accepted / not accepted (please circle decision) by: _____

Date: _____